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Diagnostic testing

OBSTETRICS AND GYNECOLOGY, SEMESTER 8

Curriculum	31.05.01 General Medicine
Specialty	General Medicine
Form of education	full-time
Designer Department	Obstetrics, gynecology and perinatology
Graduate Department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 1. LARGE OBLIQUE SIZE OF THE FETAL HEAD IS EQUAL TO....	1. 13 cm 2. 10.5 cm 3. 9.5 cm 4. 11 cm	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 2. THE DISTANCE BETWEEN THE ANTERIOR CORNER OF THE MAJOR FONTANLINE OF THE FETAL HEAD AND THE SUBOCCIPITAL FOSSA IS...OBLIQUE SIZE	1. small 2. middle 3. big 4. vertical	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 3. THE PERINATAL PERIOD CONTINUES WITH	1. from 28 weeks of pregnancy to the 56th day after birth inclusive; 2. from 28 weeks of pregnancy to 7 days after birth inclusive; 3. from 20 weeks of pregnancy to 7 days after birth inclusive; 4. from 22 weeks of pregnancy to 7 days after birth inclusive; 5. from 12 weeks of pregnancy until the birth of the fetus	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 4. DIAGNONAL CONJUGATE IS:	1. the distance between the jugular notch and the spinous process of the 7th cervical vertebra; 2. distance from the lower edge of the symphysis to the sacral promontory; 3. 1/10 of the circumference of the	low

		wrist joint, measured with a measuring tape; 4. distance from the middle of the upper edge of the symphysis to the sacral promontory	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 5. THE CONCEPT OF THE BIRTH CAN INCLUDES:	1. uterus, vagina, pelvic floor muscles; 2. small pelvis; 3. bone pelvis, uterus, vagina, pelvic floor muscles; 4. body of the uterus, lower segment of the uterus, vagina; 5. uterus, pelvic floor muscles, parietal muscles of the pelvis	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 6. OCCIPITAL PRESENTATION, 2ND POSITION, POSTERIOR VIEW: THIS IS A SAGITAL SUME IN OBLIQUE SIZE, SMALL FONTANLINE ON THE RIGHT POSTERIOR	1. right 2. lateral 3. left 4. direct	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 7. IN OCCIPITAL PRESENTATION, POSTERIOR VIEW, THE SAGITTAL SUME B IS LOCATED AT ... SIZE, THE SMALL FENTANEL IS ON THE RIGHT	1. right oblique 2. direct 3. transverse 4. left oblique	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 8. IN CAPITAL PRESENTATION IN THE POSTERIOR VIEW, THE SAGITAL SUTURE IS LOCATED IN A STRAIGHT DIMENSION, THE DORUM OF THE FETAL IS FACED...	1. left 2. anterior 3. right 4. posteriorly	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 9. PERINATAL MORTALITY INCLUDES INDICATORS:	1. intrapartum mortality; 2. antenatal mortality; 3. infant mortality; 4. early neonatal mortality; 5. maternal mortality	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 10. FORMULA FOR CALCULATING THE ESTIMATED FETAL WEIGHT ACCORDING TO ZHORDANIA	1. Circumference of the pregnant woman's abdomen (cm) x Height of the uterine fundus (cm); 2. Circumference of the pregnant woman's abdomen (cm) + Height of the uterine fundus (cm)/4 (if the fetus is premature 6) x 100; 3. (VDM - 11)x155; 4. (Pregnant woman's height (cm)+ Body	medium

		weight (kg)+ Abdominal circumference (cm)+ Height of the uterine fundus (cm)) x 10	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 11. IN PELVIC PRESENTATION, 1ST POSITION, IN ANTERIOR VIEW, THE INTERTROCTRONICAL LINE IS LOCATED IN.... OBLIQUE SIZE, SACRUM LEFT ANTERIOR	1. left 2. right 3. direct 4. transverse	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 12. DURING OBSERVATION IN A WOMEN'S CONSULTATIONAL CENTER, A GENERAL URINE ANALYSIS STUDY FOR PREGNANT WOMEN IS CARRIED OUT:	1. 2 times a month; 2. 2 times a week; 3. 1 time per week; 4. for each outpatient appointment; 5. Once a month	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 13. THE FIRST TECHNIQUE OF LEOPOLD-LEVITSKY DETERMINES:	1. fetal presentation; 2. height of the uterine fundus; 3. view of the fetal position 4. fetal position; 5. fetal position	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 14. DUBIOUS SIGNS OF PREGNANCY INCLUDE:	1. palpation of parts of the fetus in the uterus, 2. auscultation of the fetal heartbeat; 3. change in appetite, nausea, 4. mood lability, 5. Pimentation of the white line of the abdomen; 6. enlarged uterus, increased hCG.	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 15. NORMAL SIZES OF THE PELVIS ARE:	1. 26-29-32-21 cm; 2. 24-27-29-20 cm; 3. 26-28-32-19 cm; 4. 25-28-31-20 cm; 5. 26-29-32-18 cm	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 16. SECONDARY WEAKNESS OF LABOR:	1. may be a manifestation of a clinically narrow pelvis; 2. diagnosed at the end of the first stage of labor; 3. manifested by the absence of an increase in the dynamics of opening of the uterine pharynx; 4. require the use of tocolytics; 5. occurs predominantly in primiparous women	high
GC-1 GPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 17. PRIMARY WEAKNESS OF LABOR:	1. accompanied by delayed rupture of	high

PC-12		amniotic fluid; 2. often combined with premature rupture of amniotic fluid; 3. can be diagnosed already in the first two hours from the onset of labor; 4. occurs mainly in primiparous women; 5. diagnosed in the first stage of labor	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 18. HELLP SYNDROME IS CHARACTERISTIC:	1. hyperlipidemia; 2. hemolysis; 3. thrombocytopenia; 4. hypoglycemia; 5. increased transaminases	high
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Write down the correct answer</i> 19. PERMEABILITY OF THE VASCULAR WALL IN PRE-ECLAMPSIA:		high
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Write down the correct answer</i> 20. AVERAGE DAILY DOSE OF METHYLDOPA FOR MODERATE PRE-ECLAMPSIA IS:		high

OBSTETRICS AND GYNECOLOGY, SEMESTER 10

Curriculum	31.05.01 Medicine
Specialty	Medicine
Form of education	full-time
Designer Department	Obstetrics, gynecology and perinatology
Graduate Department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 1. A POSSIBLE SIGN OF DOWN SYNDROME IS THICKENING OF THE NECK FOLD AT 13 WEEKS MORE THAN:	1. 3 mm; 2.4 mm; 3. 1 mm; 4.5 mm; 5.2mm	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 2. LACTOSTASIS IS CHARACTERISTIC:	1. significant uniform engorgement of the mammary glands; 2. increased body temperature	low

		with chills; 3. moderate engorgement of the mammary glands; 4. free milk separation	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 3. CLINICAL SIGNS OF MASTITIS:	1. violation of milk outflow; 2. local hyperemia and infiltration; 3. chopping both mammary glands; 4. hyperemia of both mammary glands	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 4. WHICH TECHNIQUE OF CESAREAN SECTION IS THE MOST COMMON:	1. caesarean section in the lower uterine segment; 2. corporal caesarean section; 3. Caesarean section according to Stark; 4. extraperitoneal cesarean section; 5. vaginal cesarean section	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 5. THE MOST COMMON CAUSES OF BLEEDING IN THE FIRST TRIMESTER OF PREGNANCY INCLUDE:	1. uterine rupture; 2. interrupted ectopic pregnancy; 3. threatening and incipient miscarriage; 4. placenta previa; 5. Vaginal varicose veins	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 6. OPTIMAL TACTICS OF A DOCTOR IN THE CONDITIONS OF WOMEN'S CONSULTATION IN PROGRESSIVE TUBAL PREGNANCY:	1. emergency hospitalization in the civil defense; 2. issue a sick leave certificate and schedule an appearance in 2 days; 3. puncture of the abdominal cavity through the posterior vaginal fornix under the control of an ultrasound probe; 4. emergency hospitalization in the maternity ward; 5. examination using functional diagnostic tests	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 7. BASIC DIAGNOSTIC METHOD FOR EVALUATING THE EFFECTIVENESS OF TREATMENT OF TROPHOBASTIC DISEASE:	1. computed tomography; 2. hysteroscopy with separate diagnostic curettage; 3. laparoscopy; 4. dynamic transvaginal echography; 5. determination of the titer of human chorionic gonadotropin in blood serum and urine over time	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 8. THE TERM "ISOIMMUNIZATION" MEANS:	1. suppression of immunity; 2. decreased reactivity of the body; 3. constant state of immunity; 4. formation of antibodies; 5. stimulation of immunity	medium

GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 9. THE MOST COMMON CAUSES OF BLEEDING AT THE END OF PREGNANCY INCLUDE:	1. uterine rupture; 2. hydatidiform mole; 3. placenta previa; 4. beginning miscarriage; 5. premature detachment of a normally located placenta	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 10. PROLONGED UTERINE HYPERTONUS IS MOST CHARACTERISTIC FOR:	1. premature detachment of a normally located placenta; 2. placenta previa; 3. threatening spontaneous miscarriage; 4. hydatidiform mole; 5. cervical pregnancy	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 11. THE RISK GROUP FOR DEVELOPMENT OF PYELONEPHRITIS IN PREGNANT INCLUDES:	1. with asymptomatic bacteriuria more than 10 thousand/ml; 2. with urolithiasis; 3. with a history of pyelonephritis; 4. with early preeclampsia; 5. with arterial hypertension.	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 12. NORMALLY THE SHOCK INDEX IS EQUAL	1. 1.3; 2. 1.8; 3. 0.8; 4. 0.3	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 13. SHOCK INDEX IS AN RATIO:	1. DBP/PS; 2. SBP/PS; 3. PS/DBP; 4. PS/SBP	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 14. REGULAR MASSAGE OF THE UTERUS AFTER CHILDREN REDUCES THE CHANCE OF HYPOTONIC BLEEDING	1. True 2. False	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 15. THE FIRST LINE DRUG OF HYPOTENSIVE THERAPY IN PREGNANCY IS:	1. Methyldopa; 2. Verapamil; 3. Metoprolol; 4. Enalapril; 5. Nifedipine	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 16. DETERMINE NORMAL GLYCEMIA VALUES IN PREGNANT WOMEN:	1. glucose <6.1 mmol/l; 2. glucose <5.5 mmol/l; 3. glucose < 5.1 mmol/l; 4. glucose <7.0 mmol/l	high
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 17. ACCORDING TO CLASSIFICATION, VERY EARLY PREMATURE BIRTH IS	1. childbirth from 22 to 28 weeks (27 weeks 6 days inclusive); 2. childbirth from 34 to 36 weeks and 6 days; 3. childbirth from 28 to 30 weeks and 6 days; 4. childbirth from 31 to 33 weeks and 6 days; 5. childbirth from 12 to 28 weeks (27 weeks 6 days inclusive)}	high
GC-1 GPC- 6	<i>Please indicate one correct answer</i>	1. prescribe 100 mg/day (in	high

PC-6 PC- 8 PC-12	18. WHAT SHOULD BE THE DOSAGE AND FREQUENCY OF TAKEN IRON PREPARATIONS IN PREGNANT WOMEN WITH ANEMIA?	terms of elemental iron) 2 times a day; 2. prescribe 100 mg/day (in terms of elemental iron) 3 times a day; 3. Prescribe 60 mg/day (in terms of elemental iron) 3 times a day.	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Write down the correct answer</i> 19. CALCULATE THE TRUE CONJUGATE IF THE DIAGONAL CONJUGATE IS 11.5 CM, SOLOVIEV'S INDEX IS 15 CM, THE OUTER CONJUGATE IS 18 CM, IN CM		high
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 20. THE SECOND STAGE OF THE POSTPARTUM SEPTIC PROCESS INCLUDES EVERYTHING EXCEPT	1. pelvioperitonitis; 2. adnexitis; 3. pelvic thrombophlebitis; 4. puerperal ulcer; 5. parametritis	high

OBSTETRICS AND GYNECOLOGY, SEMESTER 11

Curriculum	31.05.01 Medicine
Specialty	Medicine
Form of education	full-time
Designer Department	Obstetrics, gynecology and perinatology
Graduate Department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 1. IN GYNECOLOGICAL PRACTICE THE ULTRASONIC DIAGNOSIS METHOD IS MORE INFORMATIVE:	1. transvaginal 2. transabdominal 3. transrectal	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 2. IN WHICH DEPARTMENT DOES THE VAGINAL WALL BORDER THE URETHRAL CHANNEL?	1. rear 2. front 3. left side 4. right side	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 3. AFTER OVULATION, THE EGG RETAINS THE ABILITY TO FERTILIZE DURING:	1. 3 - 5 days; 2. 24 hours; 3. 6 hours; 4. 10 days	low
GC-1 GPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 4. WHEN EXAMINING A PATIENT	1. low growth; myopia; 2. increase in the volume of the	low

PC-12	WITH PCOS YOU CAN FIND:	ovaries; 3. underweight, lack of sexual hair growth; 4. hirsutism; 5. abdominal type of obesity, chronic anovulation	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 5. FACTORS CAUSING TUBAL INFERTILITY IN CHRONIC SALPINGOPHORITIS ARE ALL EXCEPT:	1. narrowing or complete obliteration of the lumen of the fallopian tubes; 2. damage to the ciliated epithelium of the fallopian tube mucosa; 3. chronic anovulation; luteal phase deficiency; 4. development of peritubal adhesions	low
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 6. DESCRIBE THE FEATURES OF COLPOSCOPIC PICTURE OF CERVICAL DYSPLASIA:	1. whitish, clearly demarcated iodine-negative areas of the cervix; 2. acetowhite epithelium, iodine-negative zone, mosaic; 3. iodine-negative epithelial defect, underlying stroma; 4. rough acetowhite epithelium, rough mosaic, atypical vessels	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 7. TO TREAT Climacteric SYNDROME THE following are used:	1. phytoestrogens; 2. estrogen-gestagen drugs; 3. inhibitors of prolactin secretion; 4. GnRH agonists	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 8. STEROID-PRODUCING OVARIAN TISSUES ARE NOT:	1. tunica albuginea; 2. granulosis; 3. theca-fabric; 4. surface epithelium	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 9. RESISTANT OVARIAN SYNDROME IS NOT CHARACTERISTIC:	1. normal estradiol level; 2. absence of menstruation and pregnancy; 3. high level of gonadotropins; 4. positive estrogen-progesterone test; 5. karyotype 45 XO; 6. presence of a corpus luteum in the ovary	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 10. COMBINED SCREENING FOR DETECTING CERVICAL CANCER INCLUDES:	1. determination of the tumor marker CA-125; 2. histological examination of cervical biopsy; 3. conchotomous biopsy of the cervix; 4. cytological smear from the exocervix and endocervix; 5. extended colposcopy; 6. HPV testing	medium
GC-1 GPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 11. IN PATIENTS WITH CERVICAL	1. cytomegaly virus; ureaplasma; 2. human papillomavirus;	medium

PC-12	DYSPLASIA IT IS MOST OFTEN DETECTED	3. mycoplasma; 4. herpes simplex viruses	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 12. CAUSES OF HYPERANDROGENIA IN WOMEN:	1. deficiency of the enzyme 21-hydroxylase; 2. polycystic ovary syndrome; 3. Itsenko-Cushing syndrome; 4. dysfunction of the hypothalamus; 5. thyrotoxicosis; 6. obesity	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 13. BLOOD SUPPLY TO THE OVARIES IS CARRIED OUT BY THE INTERNAL GENITAL AND OVARIAN ARTERIES	1. True 2. False	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 14. OLIGOMENORRHOEA IS	1. absence of menstruation for more than 6 months; 2. short menstruation; 3. shortening of the menstrual cycle to 21 days;	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 15. HYPOTHALAMUS PRODUCES	1. gonadotropins; 2. gonadoliberins; 3. androgens; 4. gestagens; 5. estrogens.	medium
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 16. In patient N., 25 years old, during a medical examination at the antenatal clinic, a pathological condition of the cervix was revealed. Colposcopic picture: the vaginal part of the cervix is covered with stratified squamous epithelium, around the external pharynx there is a whitish, irregularly shaped, iodine-negative area. Histology – hyperkeratosis without atypia. In order to treat this patient, one should take....	1. amputation of the cervix; 2. treatment of the cervix with vagotil; 3. electrocoagulation of the cervix; 4. laser vaporization of the cervix; 5. cervical extirpation	high
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 17. PRESCRIPTION OF COMBINED ORAL CONTRACEPTIVES IS CONTRACEPTIVE WHEN:	1. combined mitral heart disease; 2. chronic active hepatitis; 3. diffuse form of mastopathy; 4. uterine fibroids, the size of which does not exceed 10 weeks of pregnancy; 5. History of pulmonary embolism	high
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate all correct answers</i> 18. A 15-YEAR-OLD GIRL SEEKED A DOCTOR DUE TO ABSENCE OF MENSTRUATION FOR 6 MONTHS. DURING GENERAL EXAMINATION, ACNE VULGARIS WAS NOTED ON THE FACE, CHEST AND UPPER BACK, AND MILD MANIFESTATIONS OF HIRSUTISM. HEIGHT AND WEIGHT	1. determination of the level of testosterone, estradiol, progesterone, DHEAS, 17-OH; 2. determination of the level of transferrin, ferritin, TBSS, LVSS, serum iron; 3. Ultrasound of the pelvic organs; 4. determination of the level of FSH, LH, Prolactin;	high

	CORRESPOND TO AGE NORMAL. LIST EXAMINATION METHODS TO ESTABLISH THE DIAGNOSIS:	5. CT scan of the brain; 6. Ultrasound of the adrenal glands	
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Впишите правильный ответ</i> 19. A MARRIAGE IS CONSIDERED INFERTIL IF, DURING SEXUAL LIFE WITHOUT THE USE OF CONTRACEPTIVES, PREGNANCY DOES NOT OCCUR WITHIN _____ MONTH		high
GC-1 GPC- 6 PC-6 PC- 8 PC-12	<i>Please indicate one correct answer</i> 20. THE COMPLETENESS OF THE LUTEAL PHASE OF THE MENSTRUAL CYCLE IS INDICATED	1. increase in basal temperature in the second phase of the cycle; 2. fern symptom +++; 3. KPI 20-40%; 4. "Pupil" symptom ++	high